

SYSTEMS CHANGE REQUEST

Associated STARS Request ID#: _____

Change Management ID#: _____

TO BE COMPLETED BY ORIGINATOR OF THE CHANGE REQUEST	Change Proposal Title:		Date Created:
	Originator:		CD Unit:
	Proposed Change Description and References:		
	Justification:		
	Impact of Not Implementing Proposed Change:		
	Alternatives:		
	Authorizations (please print name, sign & date): 1) _____ 3) _____ 2) _____ 4) _____ 5) _____		
PM ONLY	Approved for Impact Analysis by:		Date Approved:
TO BE COMPLETED BY ISTD	Baselines Affected:		
	Configuration Items Affected:		
	Impact on Schedule:		
	Impact on Resources:		
	Impact on Cost:		
	Initial Impact Analysis Summary and Recommendation:		
	Impact Analysis Prepared by:		Impact Analysis Date:
TO BE COMPLETED BY PM FOR CCB	CCB Review Results:		CCB Review Date:
	[] Approve for Implementation [] Rejected [] Defer until _____		Classification (if applicable): [] High [] Medium [] Low
	Reason:		
	Assigned for follow up action to:		Date Assigned: